



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 23, 2017

Ms. Emma Sheldon, Manager
Holton Home
158 Western Avenue
Brattleboro, VT 05301

Dear Ms. Sheldon:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on February 2, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/02/2017
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NAME OF PROVIDER OR SUPPLIER
HOLTON HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**158 WESTERN AVENUE
BRATTLEBORO, VT 05301**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite investigation of a complaint was conducted by the Division of Licensing & Protection on 2/1 & 2/2017. The following regulatory deficiency was identified during the investigation.	R100	All residents who self-administer medications have been provided with and are using a secure storage space to prevent unauthorized access to residents medications. as of 2/22/17.	
R175 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (3) Residents who are capable of self-administration may choose to store their own medications provided that the home is able to provide the resident with a secure storage space to prevent unauthorized access to the resident's medications. Whether or not the home is able to provide such a secured space must be explained to the resident on or before admission. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review the facility failed to assure that residents are provided (and use) a secure storage space to prevent unauthorized access to the resident's medications for three of three residents reviewed who self-administer all of their own medications, Residents #1, #2 & #3 (R#1, R#2 & R#3). Findings include: Per record review R#1 self-administers his/her medications. Per observations on 2/1/17, R#1 keeps his/her medications in a drawer in the bathroom that does not lock. The resident stated that staff had not spoken to him/her regarding the requirement to have them locked up, and was not	R175	Medication storage will be discussed during all future admissions, and every new resident will be provided with a secure storage place for medications. The manager and resident care administrator will monitor residents who self-administer to ensure medications are being locked in the provide secure space. Plan Complete as of 2/22/17	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Emma Sheldon

TITLE

Site Director

(X6) DATE

2/22/2017

STATE FORM

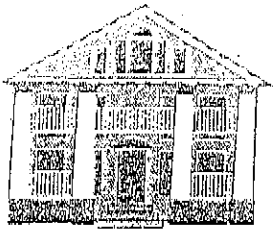
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If continuation sheet 1 of 2

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/02/2017
NAME OF PROVIDER OR SUPPLIER HOLTON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 158 WESTERN AVENUE BRATTLEBORO, VT 05301			
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R175	<p>Continued From page 1</p> <p>provided a locking box to store them in.</p> <p>Per record review R#2 self-administers his/her medications. Per observation on 2/2/17 R#2 does have a locked box in his/her room. S/he states that the facility did not offer a locked box, but that s/he requested a lock box to keep his/her medications in and was provided one. S/he states that she keeps the box locked at all times.</p> <p>Per record review R#3 self-administers his/her medications. Per observation on 2/2/17 R#3 does have a locked box in his/her room. In an interview on 2/2/17 the Maintenance Director confirmed that R#3 has a locked box in his/her room which is used to store only money, and his/her medications are not kept in the locked box. In interview s/he states that s/he had never thought of locking his/her medications in the box.</p>	R175	<p>R175 POC accepted 2/23/17 Karen Campos RN</p>		



HOLTON HOME

FAX

To: Division of licensing and protection
Fax #: 802-241-0343
From: Emma Sheldahl
Date: 2/22/17

Total pages: 4

Comments:

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